**Investigation of asymptomatic microscopic haematuria in adults**

**Descriptor:**

Assessment of compliance with agreed protocol for investigation of asymptomatic microscopic haematuria in adults.

**Background:**

This audit is worth carrying out because asymptomatic microscopic haematuria is a common clinical problem, but is associated with serious underlying pathology in only a small number of patients. There are wide variations in the way in which it is investigated and the development of an investigative protocol should ensure that clinical disease is detected while avoiding unnecessary investigations and follow-up [1-4].

## The Cycle

**The standard:**

The local protocol agreed by radiology and urology for the investigation of asymptomatic microscopic haematuria in adults should be adhered to in all such investigations.

**Target:**

95%

## Assess local practice

**Indicators:**

Percentage of patients investigated according to the locally agreed protocol.

**Data items to be collected:**

- Review the request forms for patients with the clinical coding of haematuria

- Select those presenting with asymptomatic microscopic haematuria

**Suggested number:**

50 consecutive adults with asymptomatic microscopic haematuria.

**Suggestions for change if target not met:**

- Present anonymised data to the radiologists and urologists as a group for discussion

- Redraft the instructions (or algorithm) in the department’s protocol book

- Make the protocol available in outpatient clinics, in the fast-track haematuria clinic and to local GPs

- Repeat date for commencing the next audit (following change): 12 months

- Identify staff members responsible for introducing change

**Resources:**

- Consultant radiologist, consultant urologist and audit clerk (approximately six hours if a minimum data set is collected as the patients progress through the department)

- If data is collected retrospectively then the case note review will significantly increase the time

**References:**

1. iRefer Guidelines: Making the best use of clinical radiology - RCR 2017 <https://www.rcr.ac.uk/publication/irefer-making-best-use-clinical-radiology-eighth-edition>
2. Investigating asymptomatic invisible haematuria Hole B et al. BMJ 2014;349:g6768
3. Hiatt RA, Ordonex JD. Dipstick urinalysis screening, asymptomatic microhaematuria, and subsequent urological cancers in a population-based
4. [Royal College of Radiologists. A Guide to Justification for Clinical Radiologists. London: RCR, 2000.](http://www.rcr.ac.uk/guide-justification-clinical-radiologists)

**Editor's comments:**

This audit is worth carrying out in order to help reduce the number of unnecessary/random investigations and also to reduce the likelihood of insufficient investigation.

• The local algorithm should be drawn up jointly with the urologists

• General practitioners welcome this form of guidance from their local hospital consultants

**Submitted by:**

From Clin. Gov. and Revalidation 2000 RCR. Updated by P Malcolm

**Published Date:**

Monday 7 January 2008

**Last Reviewed:**

Thursday 9 January 2020